EVERETT SILVERTIPS HOCKEY BOOSTER CLUB
MEMBERSHIP APPLICATION
September 1, 2009 – August 31, 2010
www.silvertipsboosterclub.com

Individual $12.00 ___(18-59 yrs old) **Family $15.00** ___(up to 2 adults, and minor children 17 and under)
Senior Single $7.00 ____(Individual 60 or older) **Senior Family $10.00** ___(Up to 2 adults with 1 60 or over)
Junior 10.00 ___ (Individual 17 and younger) **Renewal – Membership #**_____ **NEW**_____

Primary Member's Name:_____ Birth MM/YY _____/_____

Address _____ City _____ State/Prov ____ Zip/Postal_____

Phone Number (____) _____ Cell Number (_____) _____

Family or Senior Family Memberships: Please list all names and birth month/year
(additional junior names with birth month & year may be added on back of application)

Adult Name _____ Birth MM / YY _____ / _____

Junior Name_____ Birth MM / YY _____ / _____

Junior Name_____ Birth MM / YY _____ / _____

Junior Name_____ Birth MM / YY _____ / _____

Junior Name_____ Birth MM / YY _____ / _____

E-mail Address: Please limit to 2 addresses. **(PLEASE PRINT CLEARLY / ONE** letter/number per box.

Interested in working on a Booster Club Committee? Please check appropriate Committee(s):
(__) Special Events (__) Road Trips (__) Community (__) Calendar (__) Budget (__) By-Laws (__) Fundraising
(__) Scrapbooks (__) Secret Pal (__) Elections (__) Game Night Table (__) Finance Audit (__) Chuck-a-Puck

Are you a season ticket holder? (__) Yes (__) No If not, how many games do you think you will attend? ___
Do you have a talent, skill or occupation you would like to share with the membership for networking or that could be of assistance to the club activities? If Yes, Please Describe_____

Primary Member's Signature _____
Members on this Membership will abide by the Constitution and By-laws of the Booster Club

In the event of a change in mailing or e-mail address, it is the responsibility of the primary member to notify the ESHBC membership Committee of said changes

Please return this application with the appropriate dues (US Funds Only) to:
ESHBC, PO BOX 1182, Everett, WA 98206-1182 ATTN: Membership
The ESHBC Membership Committee provides this information to the members of ESHBC Board of Directors if requested and upon written request to the Everett Silvertips Team Management. This information otherwise provided to other ESHBC members/committees only with the primary member's approval. Under no circumstances will this information be provided by the ESHBC outside of the groups named above.
If you don't want your name included, please check here._____

FOR EVERETT SILVERTIPS HOCKEY BOOSTER CLUB USEONLY
Date _____ Receipt # _____ Cash (_) Credit Card (_) Check # _____ Membership # _____ Rec'd By:_____
Membership Card(s) Issued _____ / Mailed_____ Excel Entry: _____
Misc info:_____